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PTO/SB1/22 (03-04)
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## 09/749 233 Application Number CHANGE OF 12/27/2000 CORRESPONDENCE ADDRESS Filing Date Application Yuhichi NAKAMURA First Named Inventor 2153 Art Unit Address to: Commissioner for Patents Y. M. BARQADLE Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450 JASSS-282/JAS19990282US1 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: OR **v** David Aker Individual Name Address 23 Southern Road

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	Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96).
v	Attorney or agent of record. Registration Number 29,551
	Registered practitioner named in the application transmittal letter in an application

without an executed oath or declaration. See 37 CFR 1.33(e)(1). Registration Number

Signature Ft. C. Kd-	
Typed or Printed Name Stephen C. Keufmen	
Date 01/10/2004	Telephons 914 945-3197
NOTE: Signatures of all the inventors of eseignees of record of the entire interest forms if more than one signature is required, see below.	or their representative(s) are required. Buhanit multiple

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P. 02

Sample Form (09-04)

	AUTHORIZATION T	O ACT IN A REPRESE	NTATIVE CAPACITY
in re Applic	etion of: Yuhi chi NA	KAMURA ET.AL.	
Application	No. 09/749,830	-	
Filed:	12/27/2000		
Title:	METHOD; SYSTE APPARATUS FOR	M; STORAGE MEDIUM CONTROLLING WORK	AND SERVER FLOW
Attorney Do	ocket No. Ja999-292	Art Unit:	2153
conc	prectitioner named below is au emed. Furthermore, the pract cation pursuant to 37 CFR 1.3	itioner is authorized to file co	vs and has the authority to bind the princip arespondence in the above-identified
	Name	2	Registration Number
	David Aker		29,277
does not hat abandonme assignee of	ave authority to sign a request ent, a disclaimer, a power of st the entire interest or an attorn citioner should be executed ar	to change the correspondent torney, or other document re tey of record. If appropriate, and filled in the United States F	
	SIG	NATURE of Practitioner of F	Record
			Date
Signature	Ky C.K		Jan 10, 20 05
Signature Namo	Stephen C. Kau		Registration No., if applicable 29,551

This form offers a sample of suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an CMS officially approved form.

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